



# Site Relocation & Concept Design

Norton Sound  
Regional Hospital

September 29, 2006



M A H L U M  
*architects*



# Agenda

- 9:00-9:05 Introduction**  
Larsen Consulting Group  
John Larsen/Roger Marcil
- 9:05-9:10 How the Design Process Works**  
KAI – Angie Barr
- 9:10-9:30 Site Planning Concepts**  
KAI – Jon Stolle
- 9:30-9:45 Open Discussion/Feedback**
- 9:45-10:15 Building Planning Concepts**  
Mahlum Architects – Todd Olson
- Scheme A and A1 – Primary Scheme  
Scheme B  
Scheme C
- 10:15-10:45 Open Discussion/Feedback**
- 10:45 Conclusion**



# Design Process

## Concept Design

- Investigation of site parameters
- Interviews with owner/staff
- Understand the POR
- **Focus is on functional components of the building and site and the interrelationship of the parts**
- Exploration of design alternatives
- Testing of concepts against budget

# Design Process

## Schematic Design

- **Focus is on departmental adjacencies**
- Refinement of the concept
  - Site Plan
  - Floor Plans
  - Elevations
  - Sections
- Site and utility concerns
- Preliminary material selection
- Cost estimate

# Design Process

## Design Development

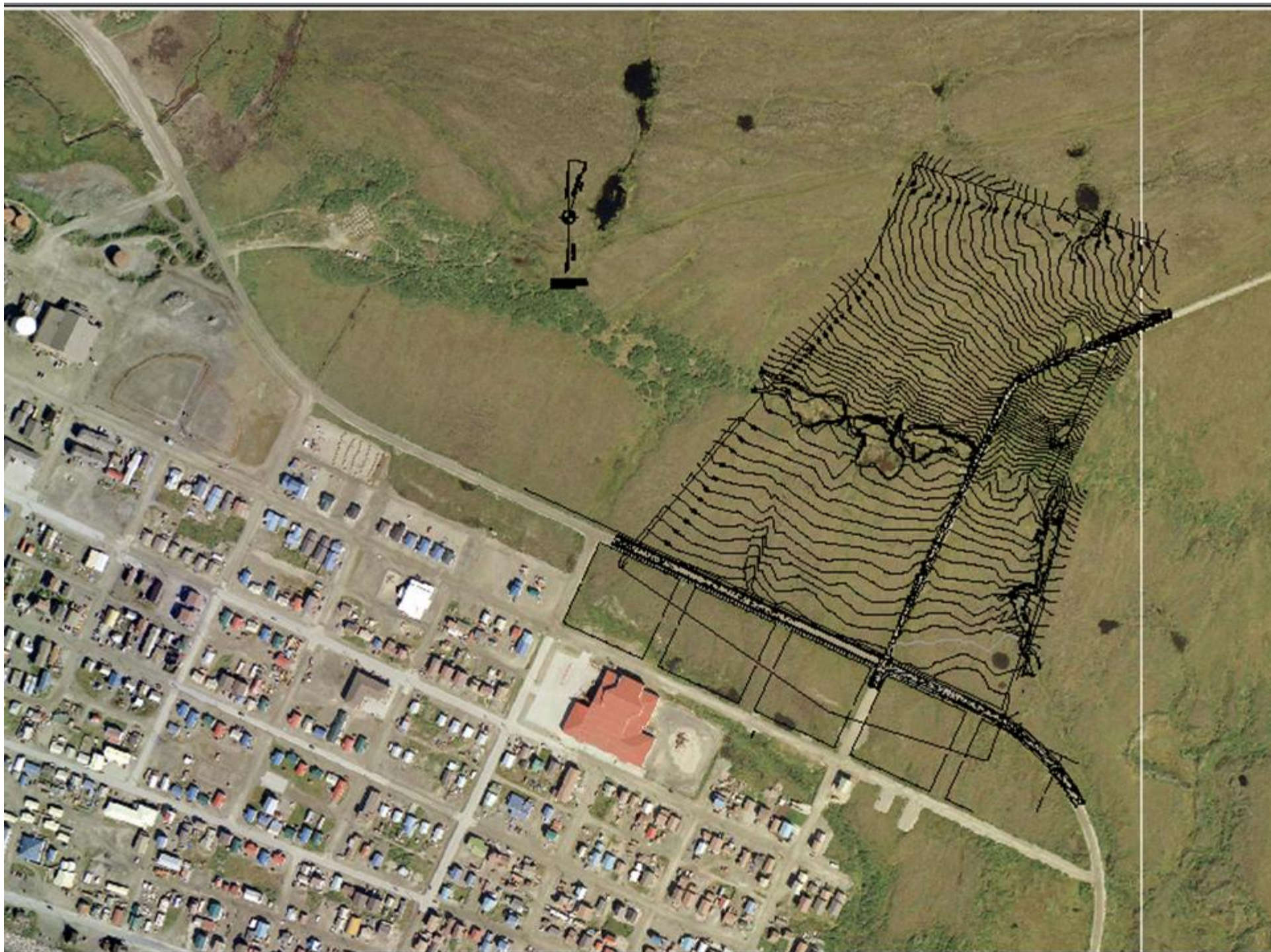
- Expand on information developed from the schematic design
- **Focus is on arrangement within departments themselves**
- Building systems are coordinated
- Final material selection
- Cost estimate

# Design Process

## Construction Documents

- Focus is on project documentation
- Cross-discipline checking and coordination
- Cost estimate
- Final selection of alternatives









**SITE ANALYSIS**  
NORTON SOUND REGIONAL HOSPITAL



0 100 200 400





# Views

Sea  
Town  
Mountain



# Views

Sea  
Town  
Mountain



# Views

Sea  
Town  
Mountain



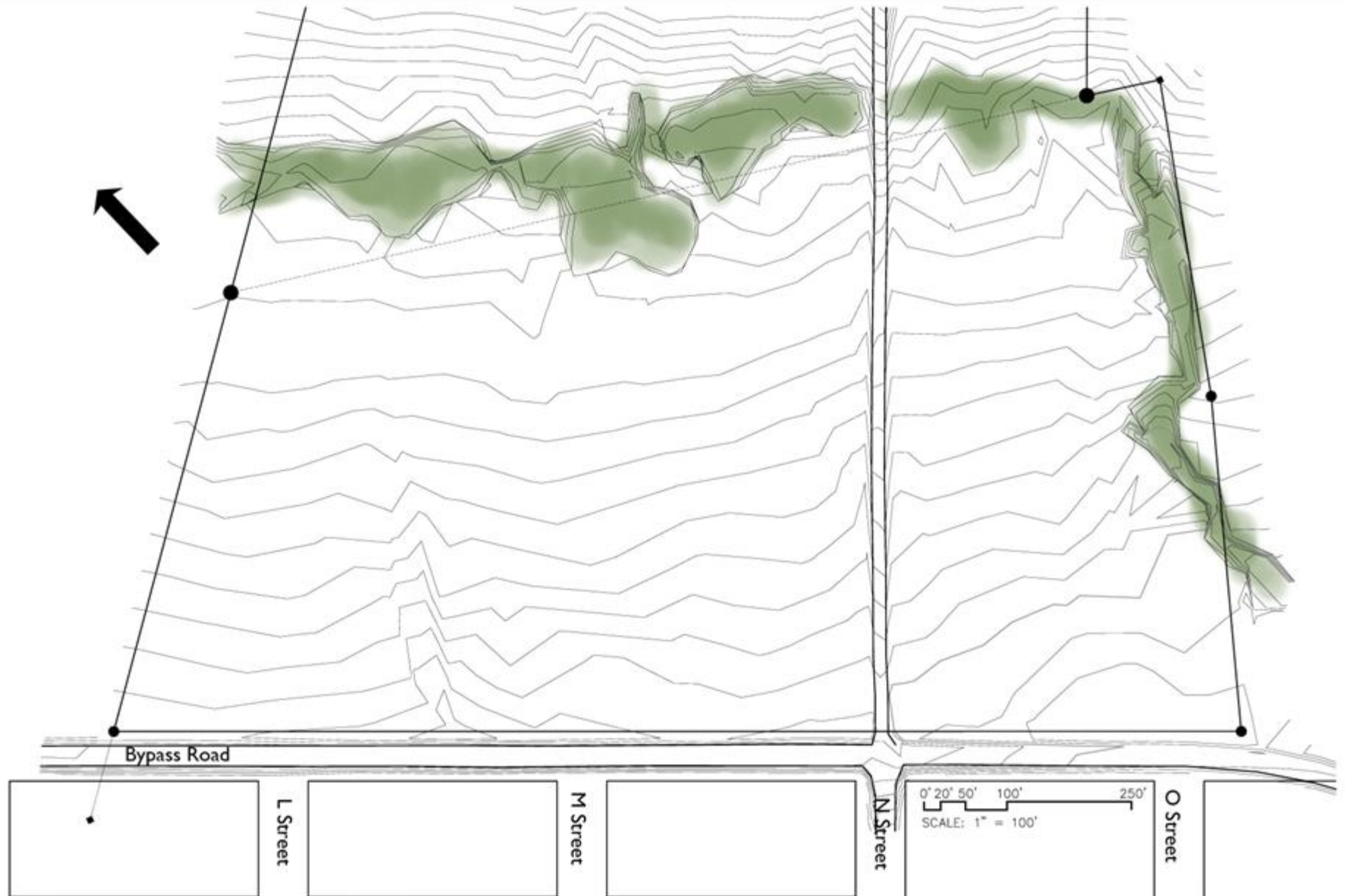


# Building Scheme A/B East Site

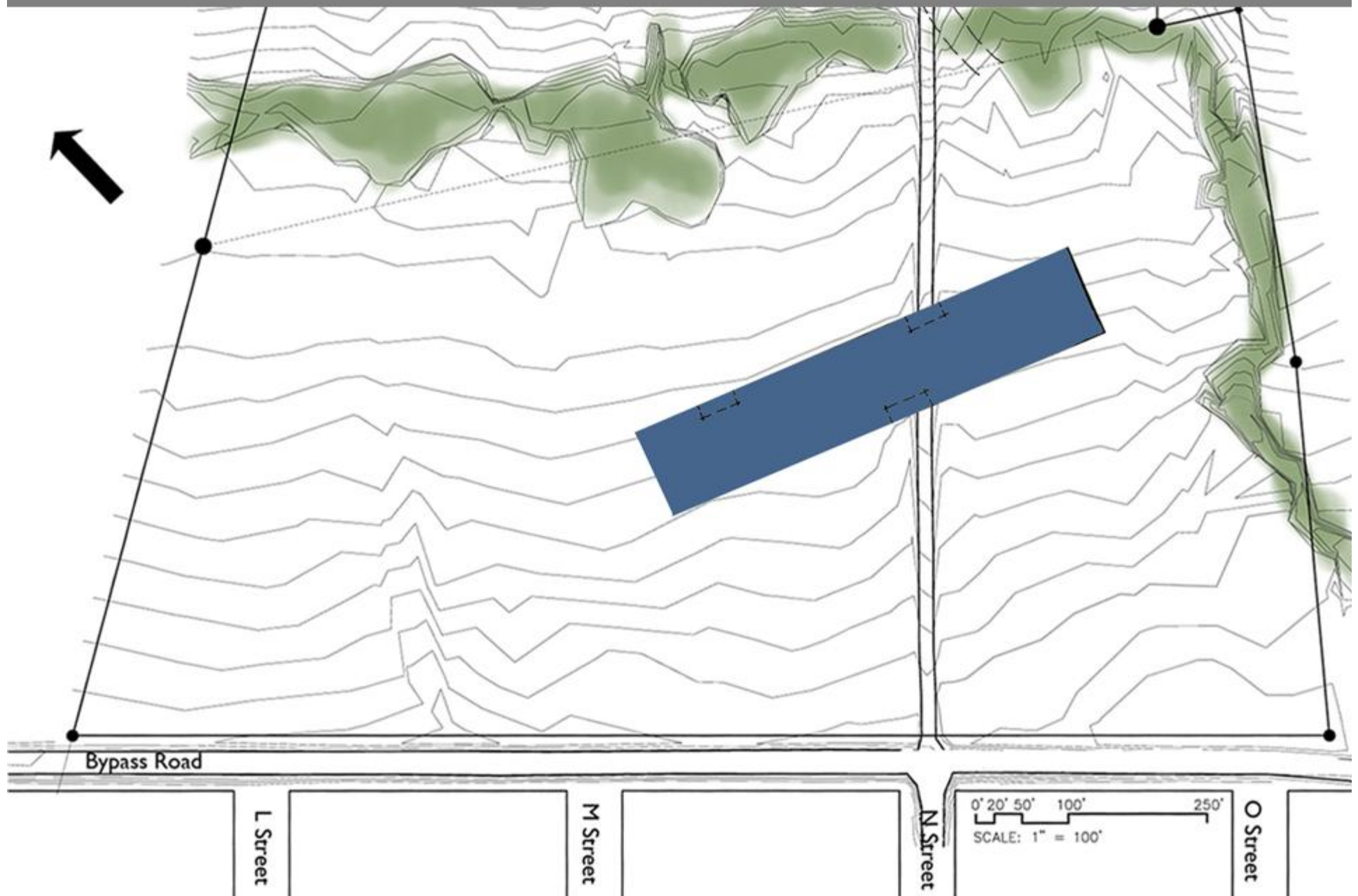
## Site Features

- Building orientation places the main entry due south
- Building orientation roughly follows existing contours
- Building more than 200 feet from Bypass Road to prevent snow drifting over the road and to limit the impact of dust generated by road traffic
- All parking is located on the south. Parking areas are divided by the pedestrian boardwalk into Staff and Visitor parking
- Northerly portion of the site is kept clear to maintain views to the mountains from First Floor Dining and Second Floor Acute Care
- South façade presents prime, unobstructed views to the water
- Main pedestrian entry aligns with "N" Street. Vehicular traffic access aligns with "M" Street and "O" street.
- Narrow face of the building faces the city
- A walkway runs to the main south entry from the intersection of Bypass Road and "L" Street.
- Expansion is limited to the west side of the building and would require driveway relocation
- Main public entry is on the south with on-grade access

# Site Scheme A-East



# Building Orientation Scheme A-East





# Vehicle Access/Parking Scheme A-East



# Pedestrian Access Scheme A-East





# Master Site Plan Scheme A-East





# Site A East

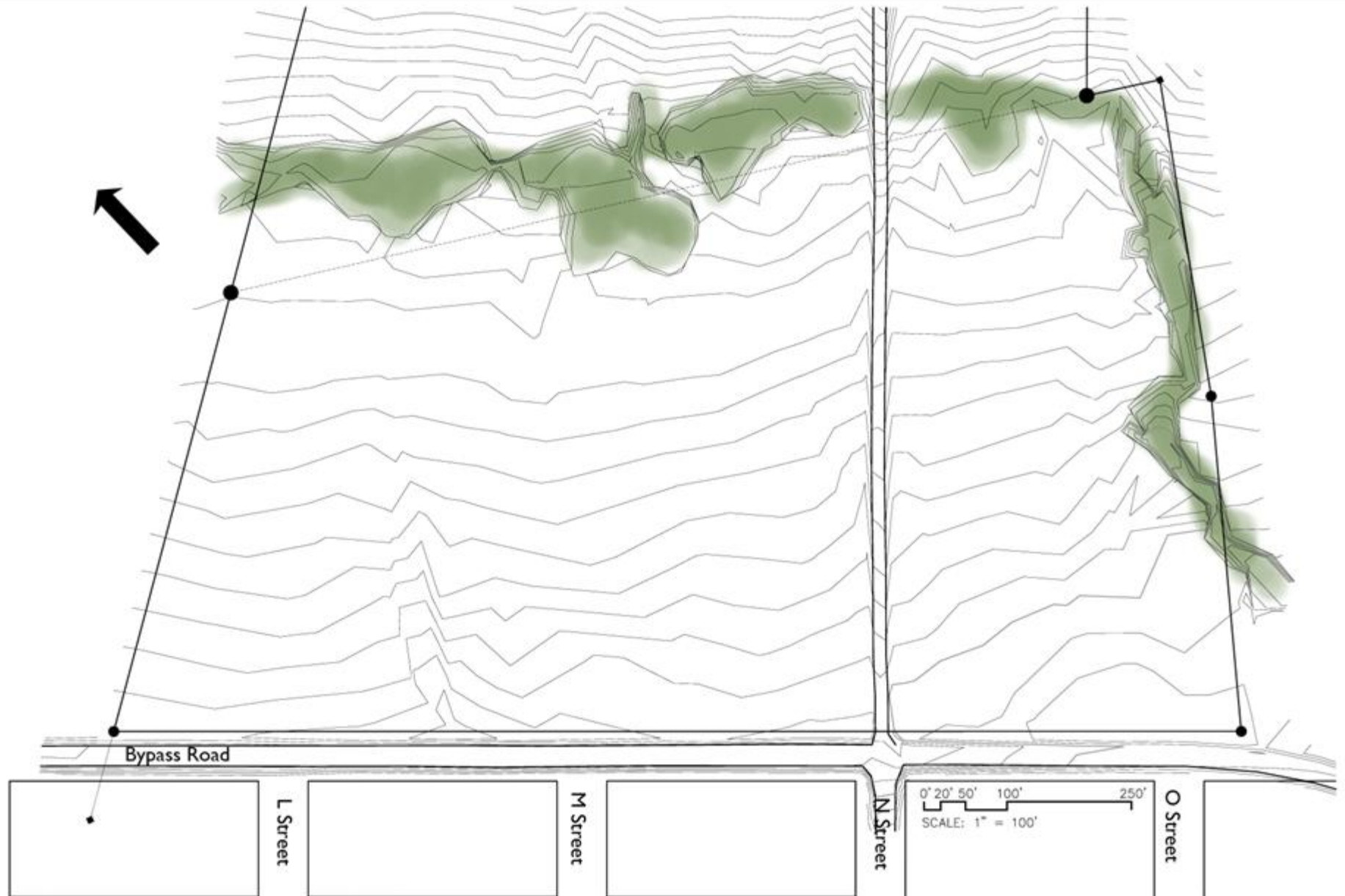


# Building Scheme A/B West Site

## Site Features

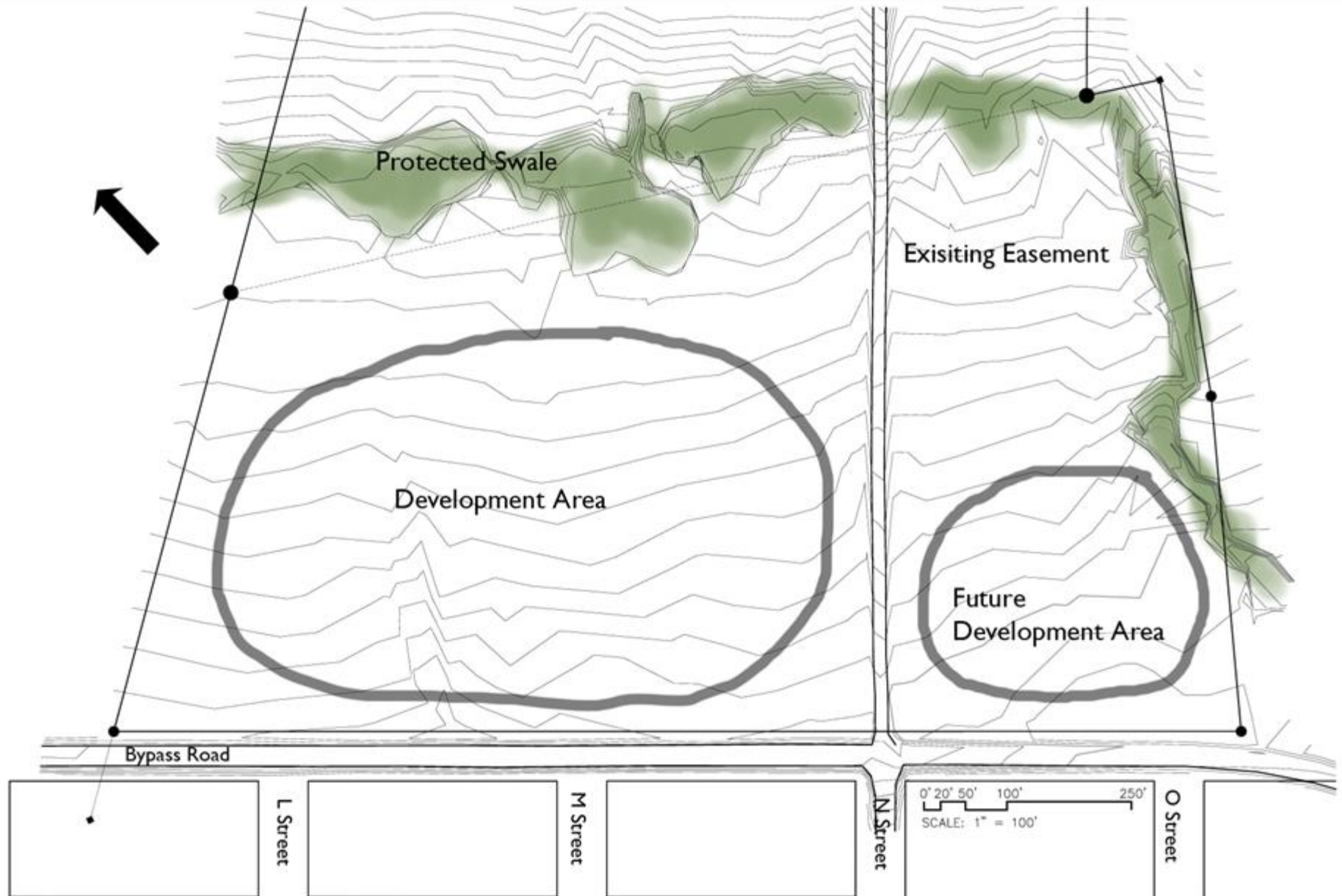
- Building orientation is in alignment with Bypass Road to strengthen relationship to the City of Nome and facilities located directly across Bypass Road
- Building is approximately 200 feet from Bypass Road to minimize amount of gravel pad and roadway and length of pedestrian access
- Parking is distributed with the major lot on the south and a smaller parking area to the north.
- Main pedestrian entry aligns with “m” Street. Vehicular traffic access aligns with “L” and “N” Streets
- Expansion can occur on either end of the building
- Main public entry is on the south with on-grade access

# Site Scheme A-West

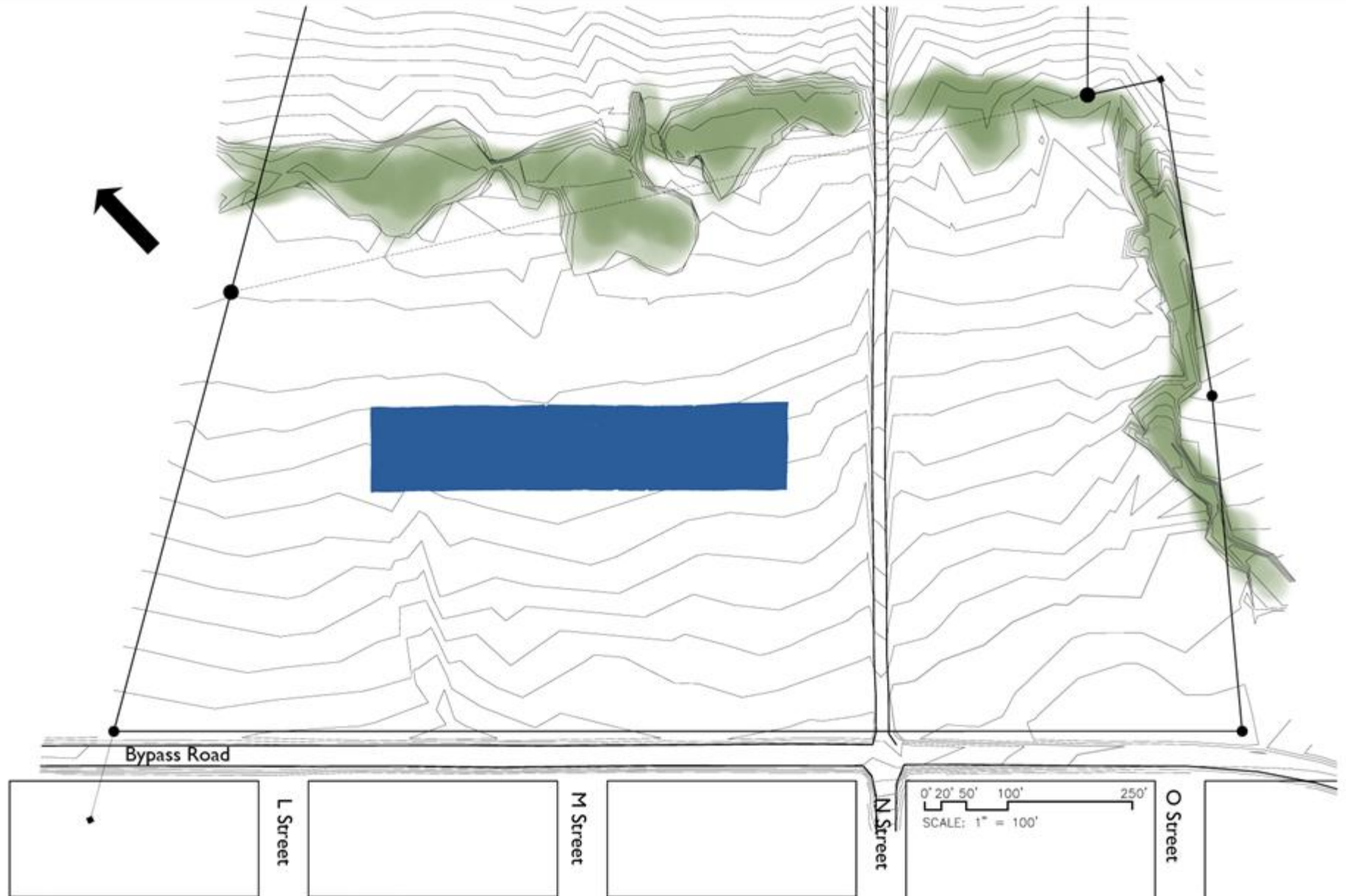




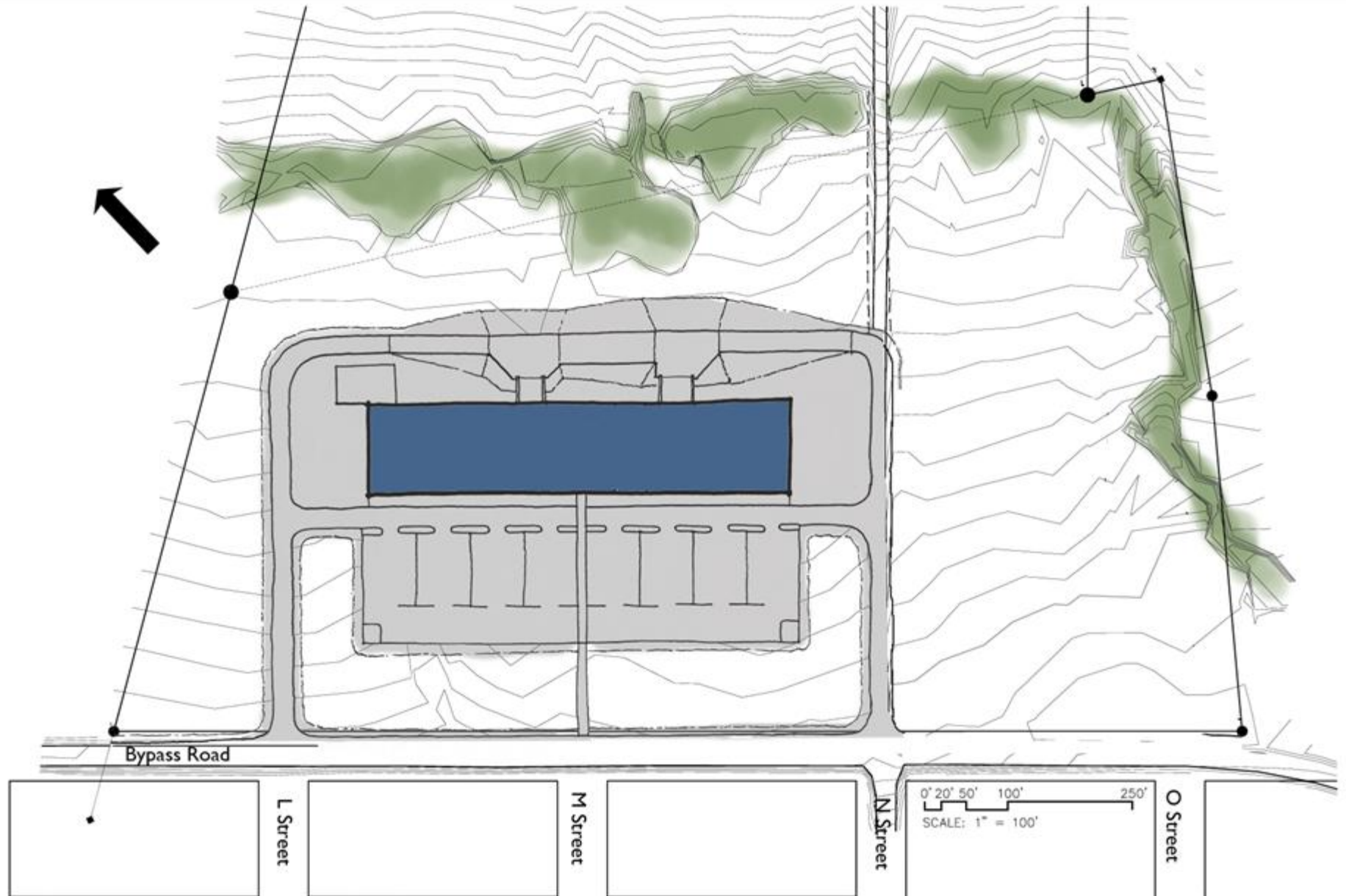
# Site Development A-West



# Building Orientation Scheme A-West

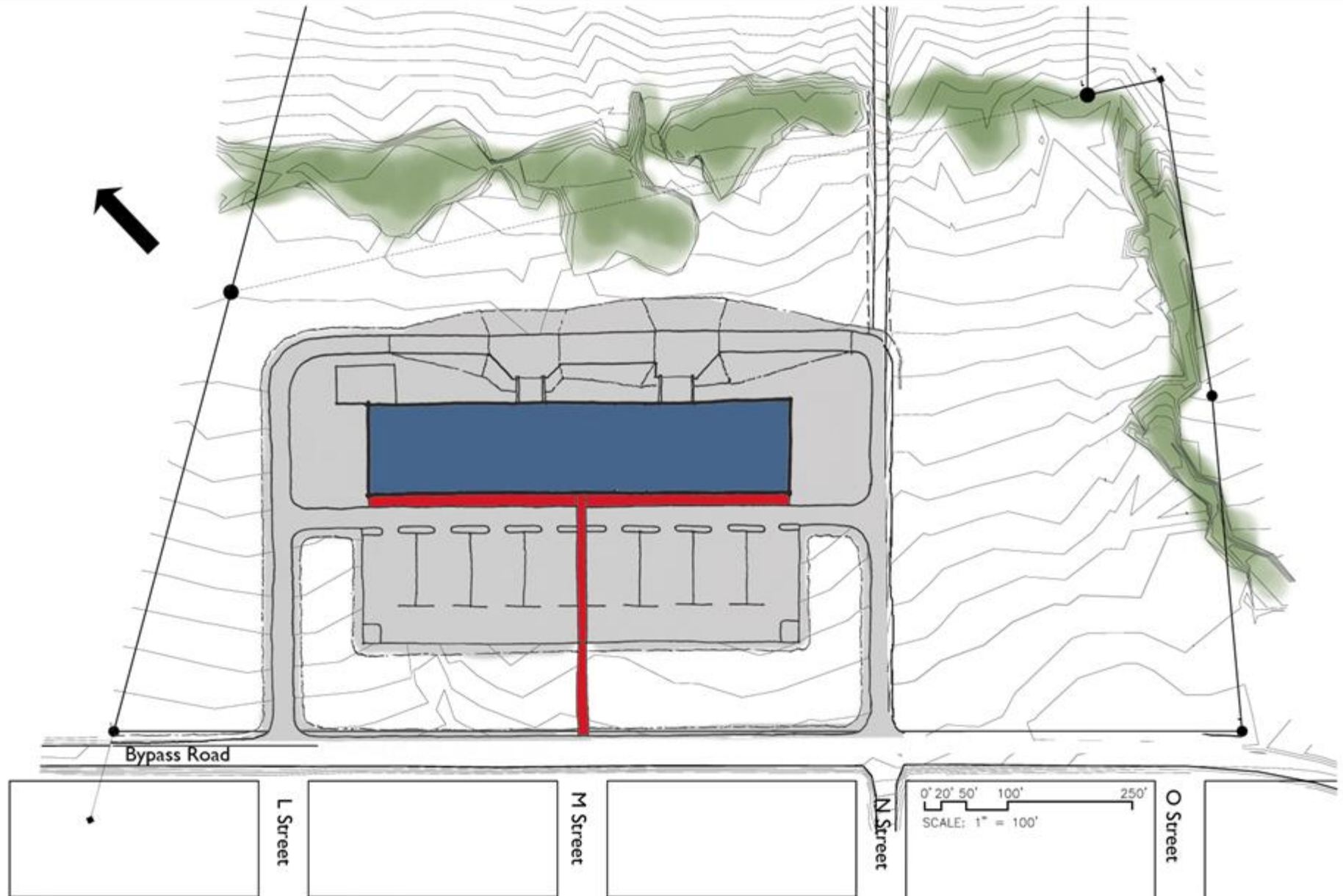


# Vehicle Access/Parking Scheme A-West

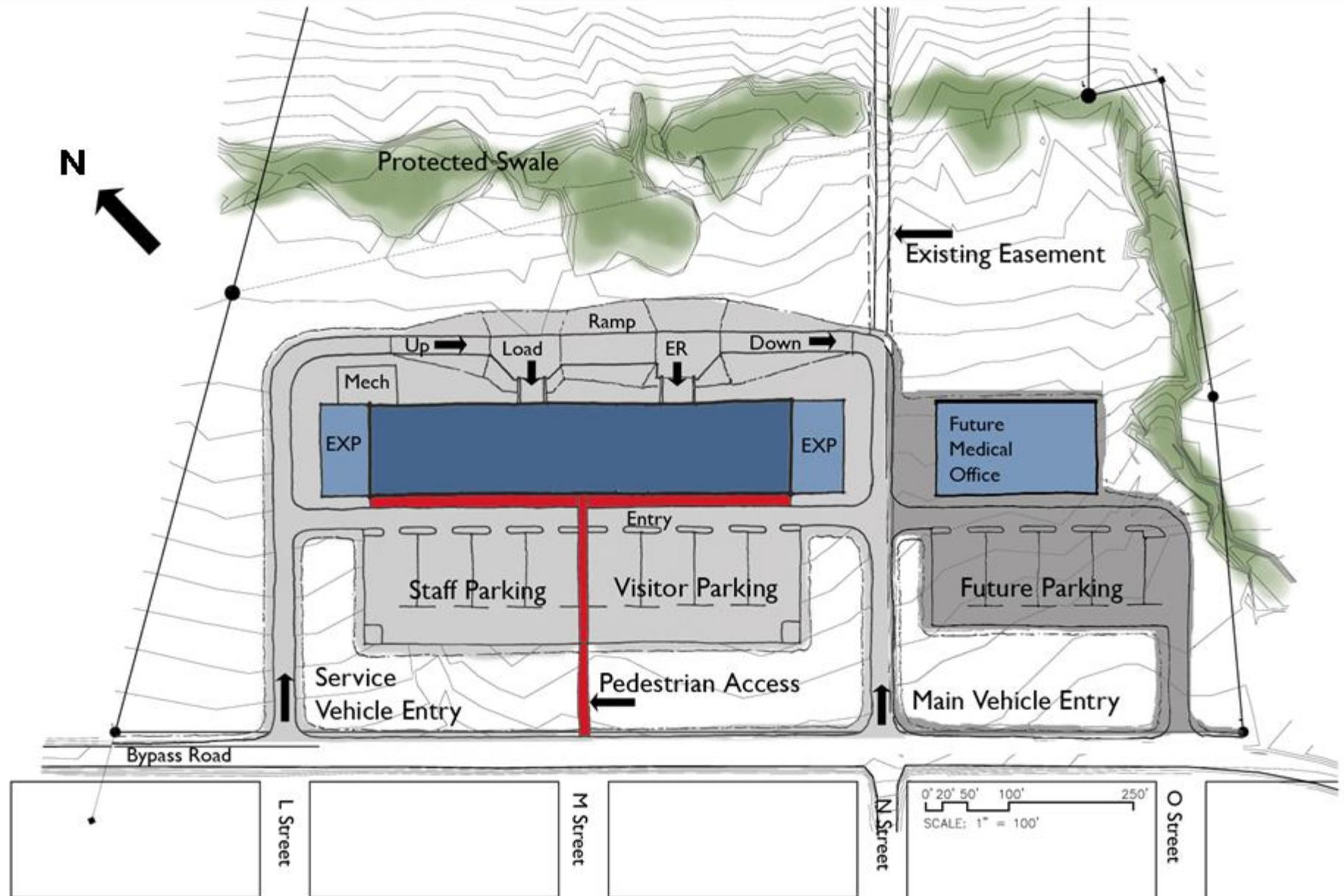




# Pedestrian Access Scheme A-West



# Master Site Plan Scheme A-West



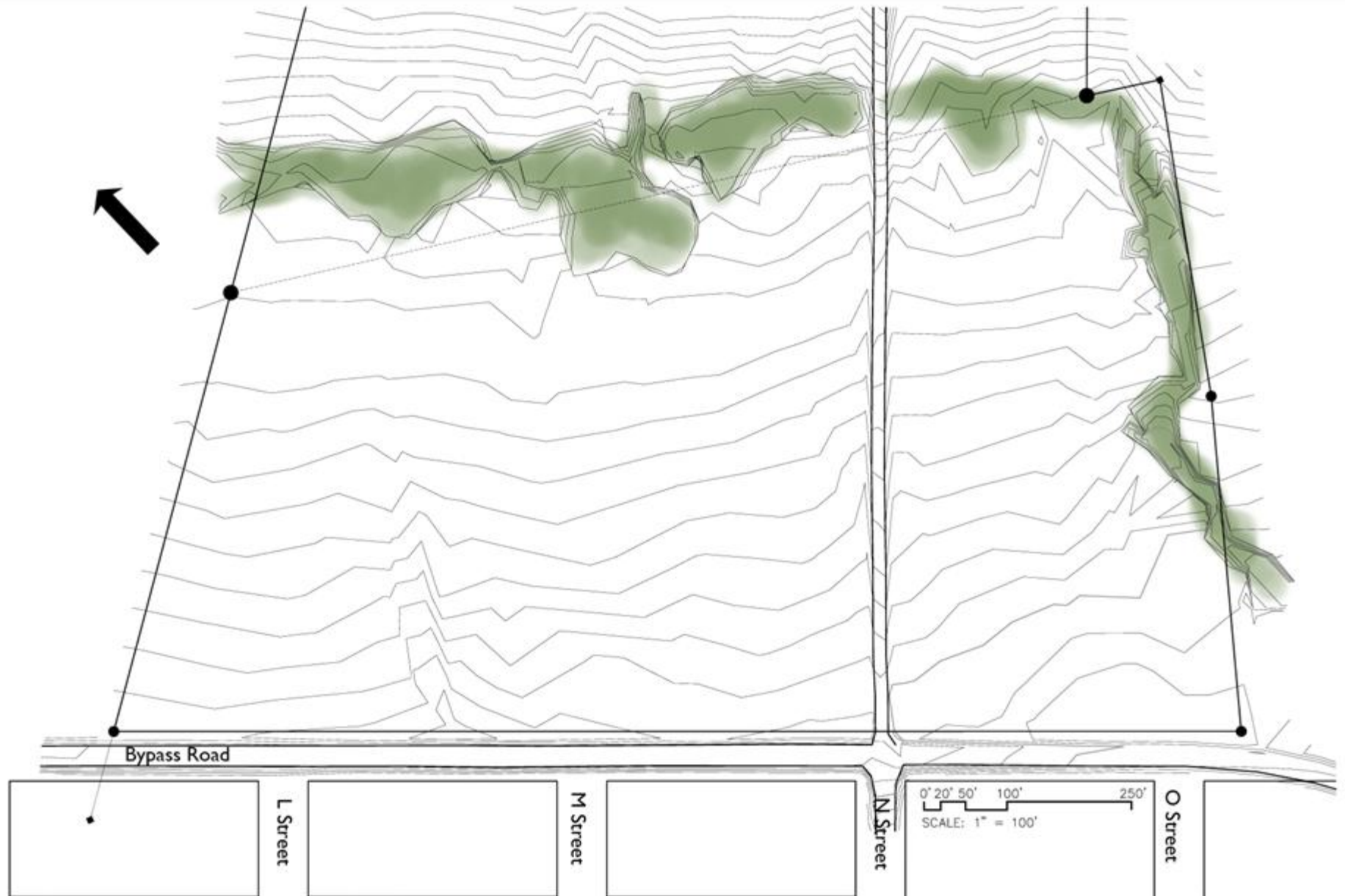
# Building Scheme C Site Plan

## Site Features

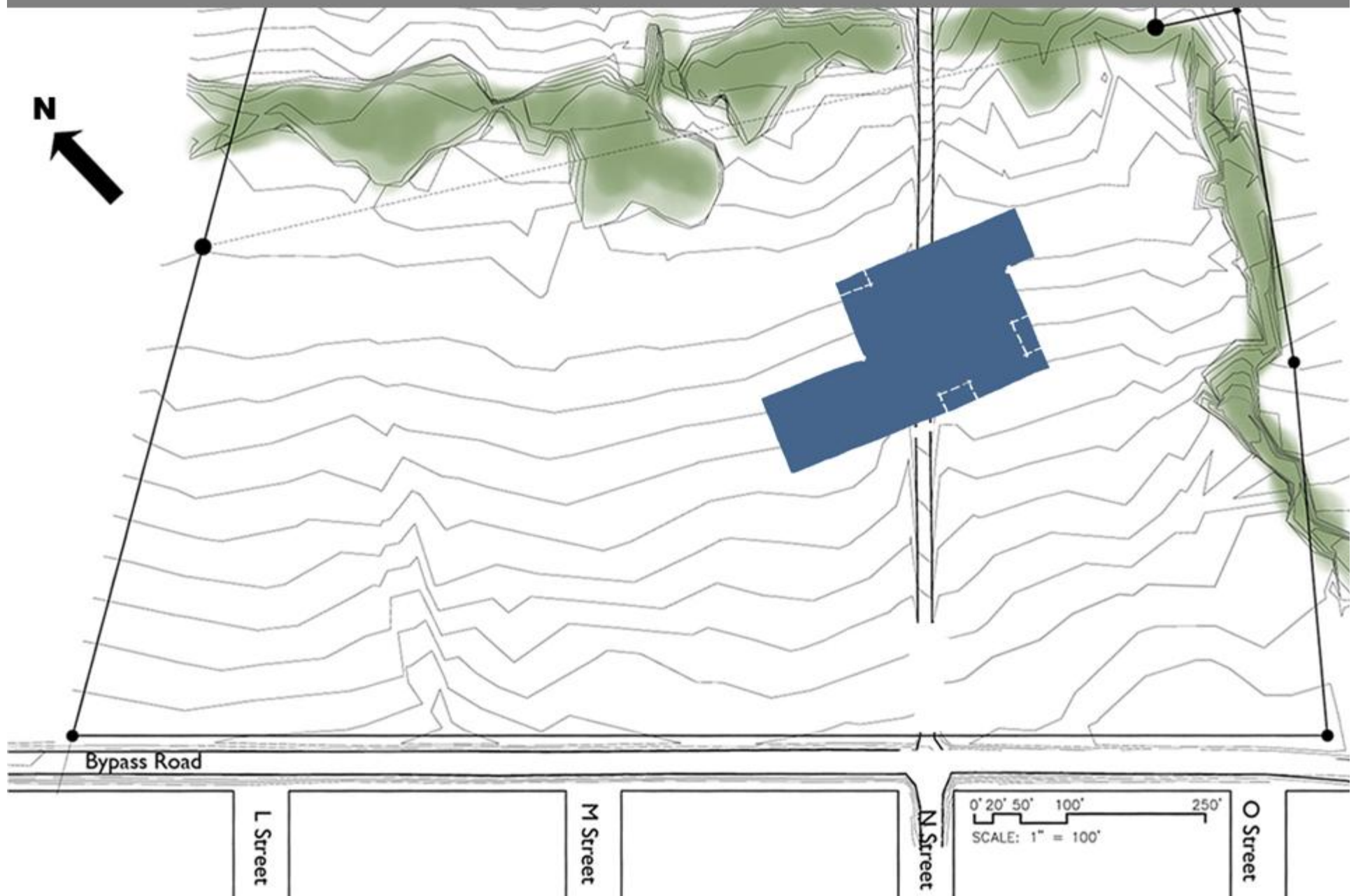
- Building orientation places the main entry due south
- Building orientation roughly follows existing contours
- All parking is located on the south. Parking areas are divided by the pedestrian boardwalk into Staff and Visitor parking
- Northerly portion of the site is kept clear to maintain views to the mountains
- South façade presents prime, unobstructed views to the water
- Main pedestrian entry aligns with "N" Street. Vehicular traffic access aligns with "M" Street and "O" street.
- A walkway runs to the main south entry from the intersection of Bypass Road and "L" Street.
- Expansion is limited to the west side of the building and would require driveway relocation
- Main public entry is on the south with on-grade access



# Site Scheme C



# Building Orientation Scheme C

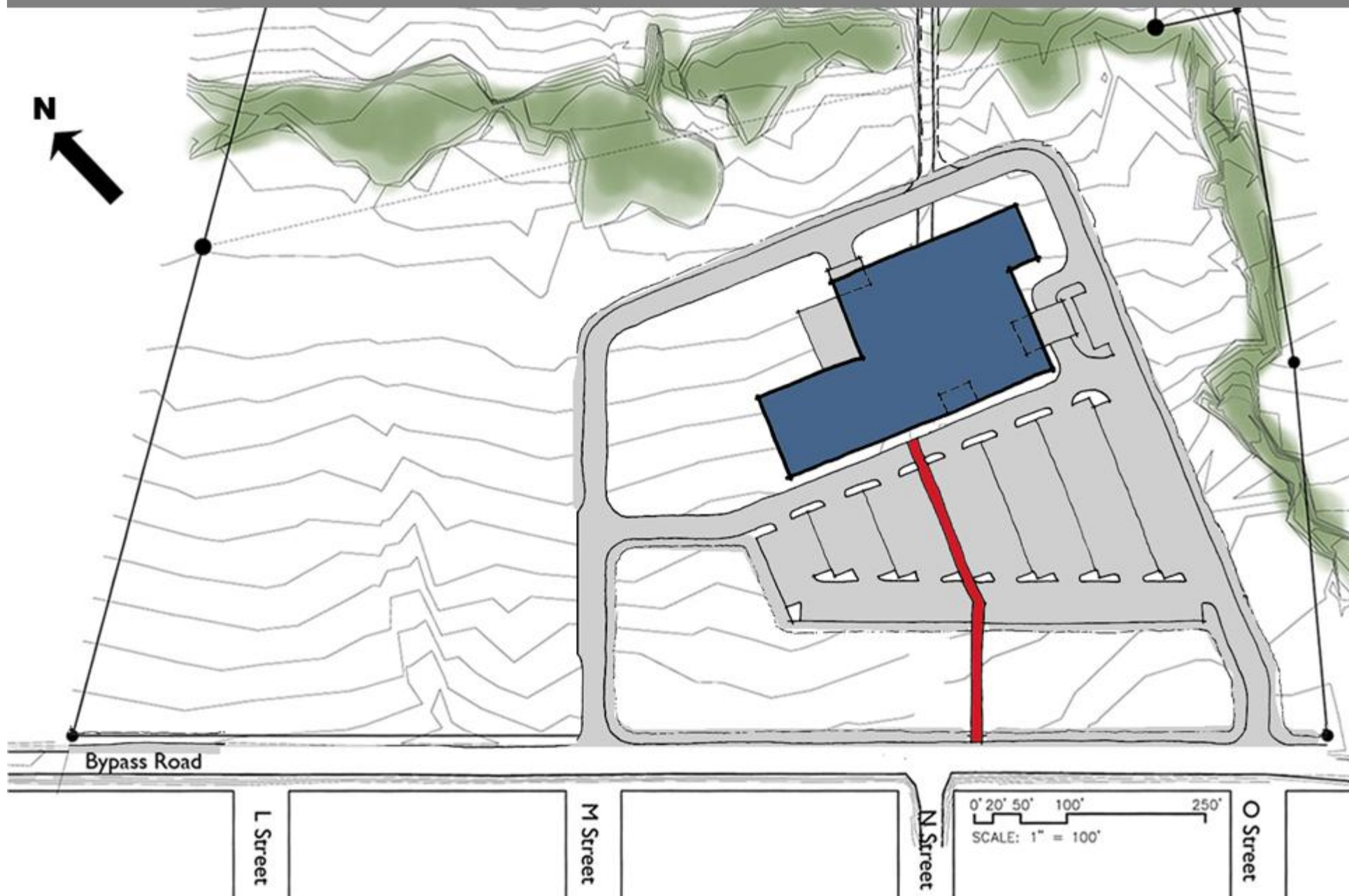


# Vehicle Access/Parking Scheme C





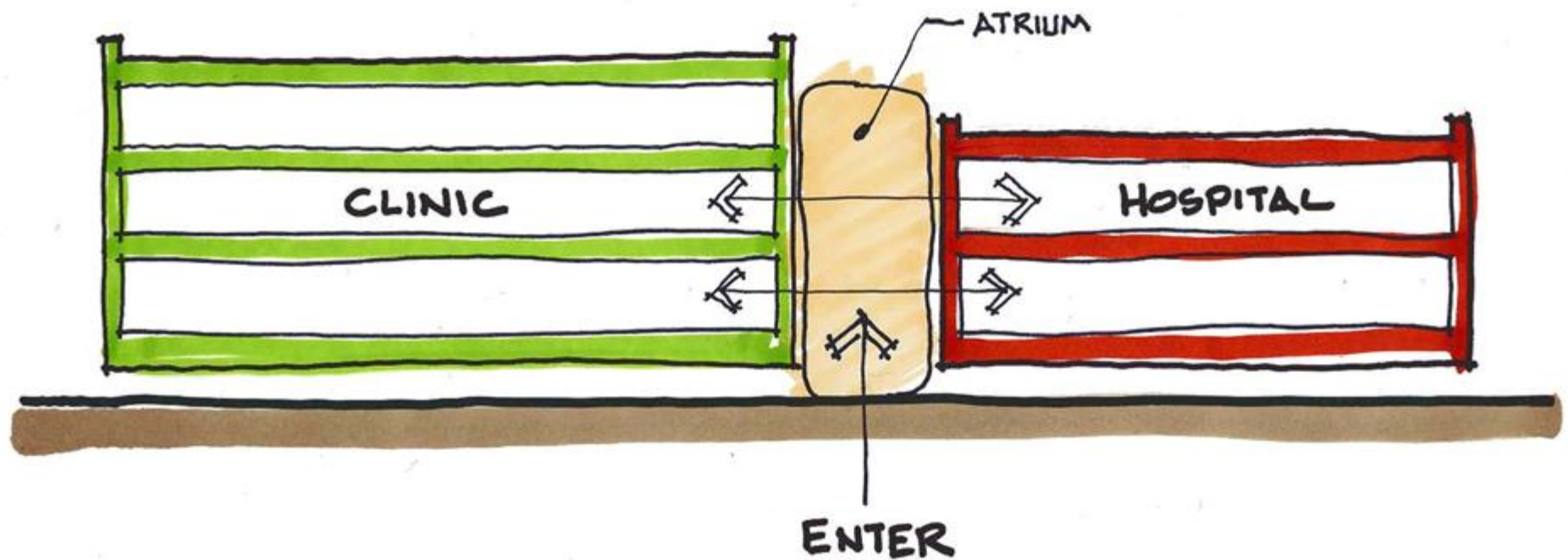
# Pedestrian Access Scheme C



# Master Site Plan Scheme C



# Scheme A Organization



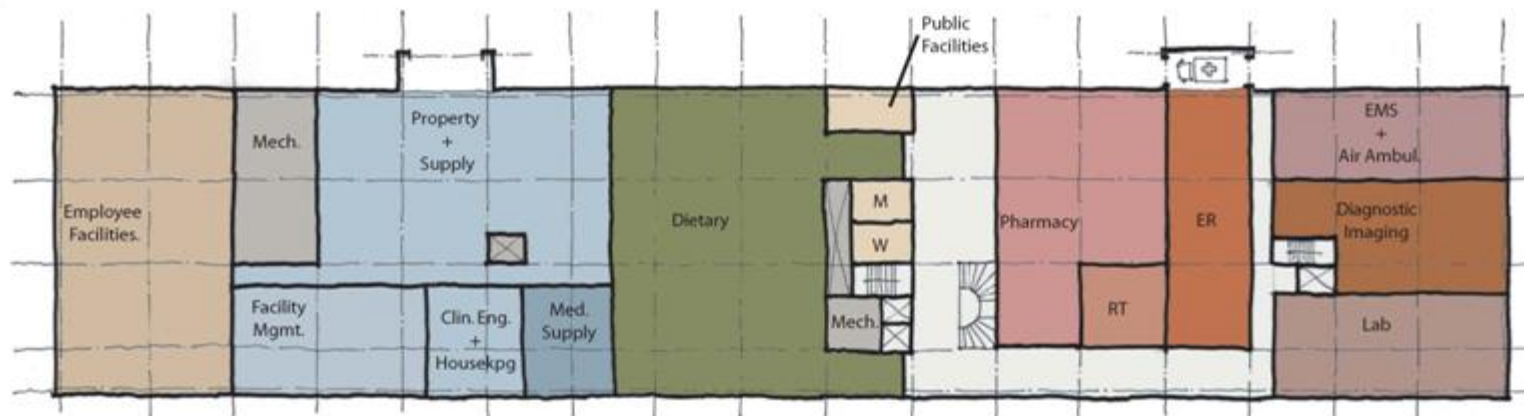
SCHEME - A



# Scheme A Level I



SCHEME A - LEVEL I  
NORTON SOUND REGIONAL HOSPITAL  
09-22-2006

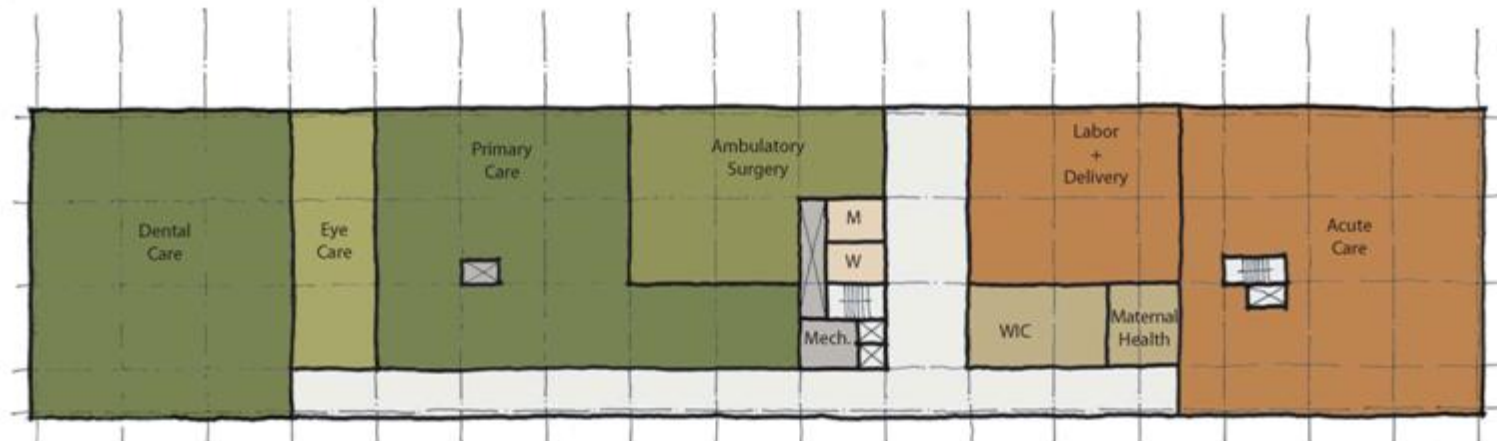


**SCHEME A  
LEVEL I**

# Scheme A Level 2



SCHEME A - LEVEL 2  
NORTON SOUND REGIONAL HOSPITAL  
01-22-2024

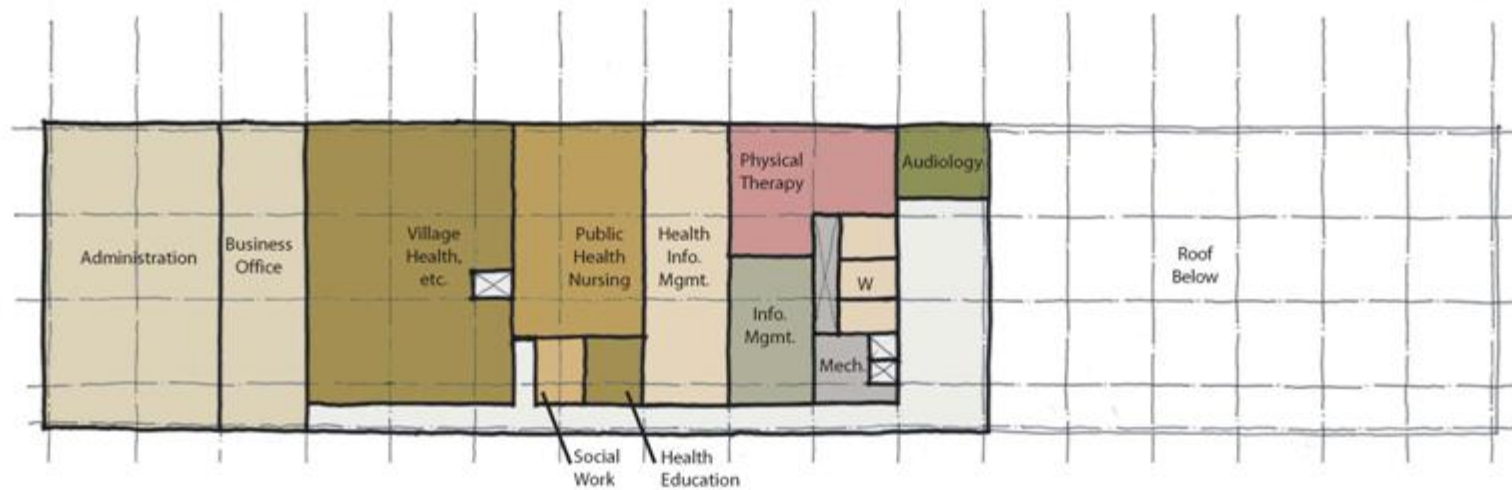


**SCHEME A  
LEVEL 2**

# Scheme A Level 3



SCHEME A - LEVEL 3  
NORTON SOUND REGIONAL HOSPITAL  
09/22/2006



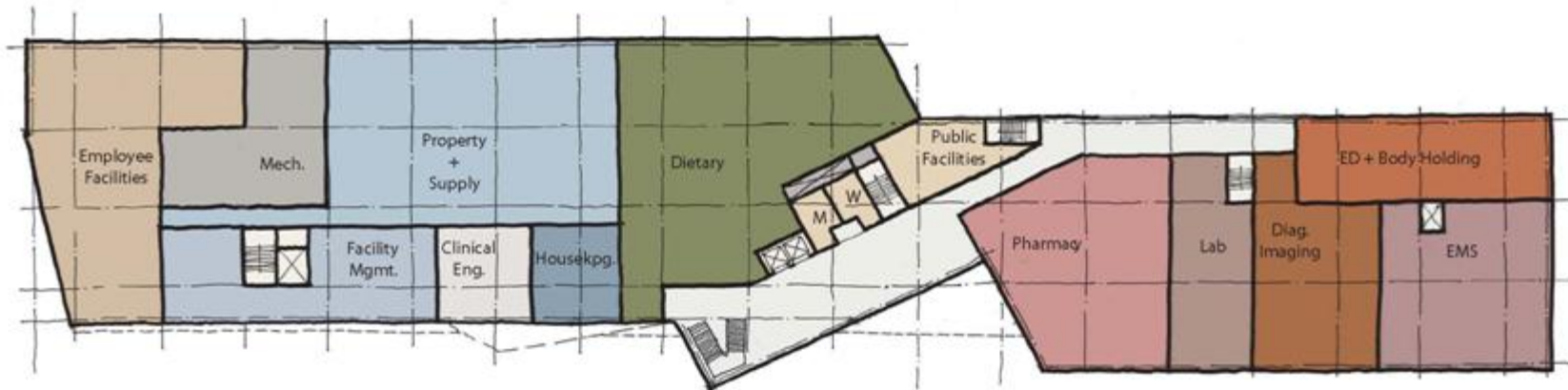
**SCHEME A  
LEVEL 3**



# Scheme A.I Level I



SCHEME A - LEVEL I  
MORTON SOUND REGIONAL HOSPITAL  
09.22.2004

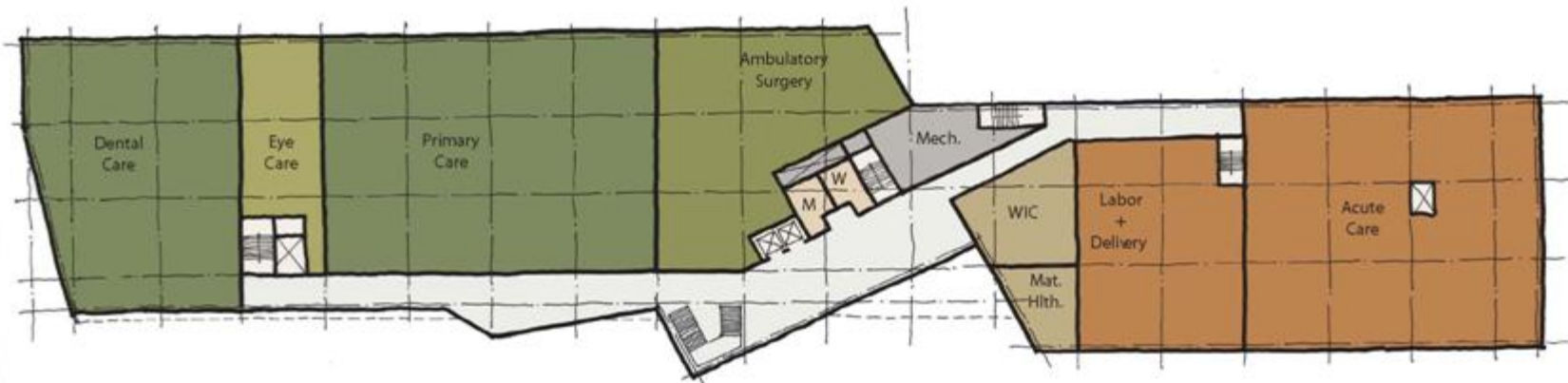


**SCHEME A.I  
LEVEL I**

# Scheme A.1 Level 2



SCHEME A - LEVEL 2  
MORTON SOUND REGIONAL HOSPITAL  
09.22.2004



**SCHEME A.1  
LEVEL 2**

# Scheme A.1 Level 3



SCHEME A - LEVEL 3  
MORTON SOUND REGIONAL HOSPITAL  
09.22.2004



**SCHEME A.1  
LEVEL 3**



# Scheme A/A.1

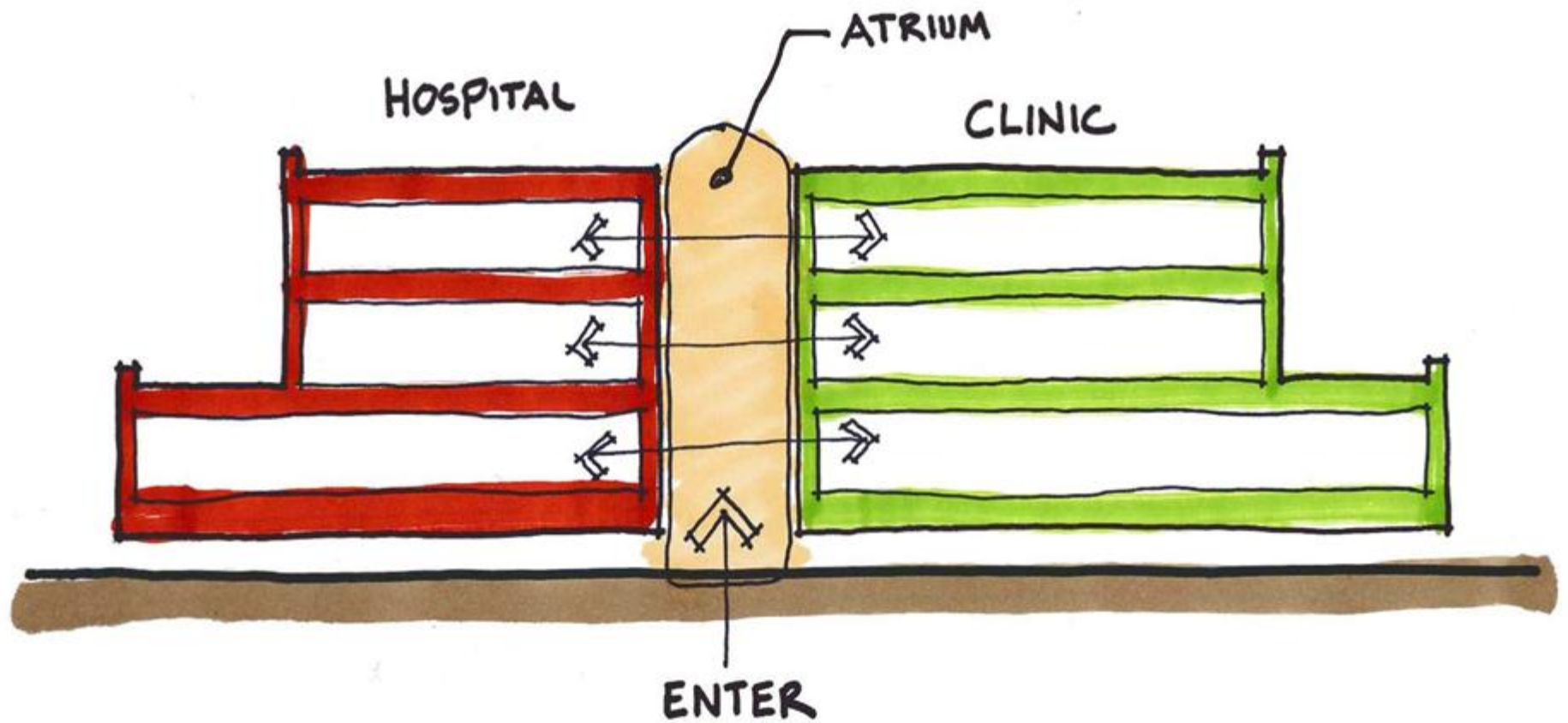
## **Strengths of this scheme include:**

- Acute care beds stacked directly above ED and ancillaries, allowing direct access without passing through public spaces.
- Primary Care and Acute Care adjacent on same floor for easy physician access.
- Acute care beds raised up one floor for added privacy, better views to landscape.
- Non-patient, administrative functions located on top floor, away from main patient circulation.
- Maximizes area located in “clinic” occupancy for cost savings
- Relatively narrow width facilitates scouring under the building
- Easy separation of mechanical ventilation system for the two occupancies

## **Issues to resolve in this scheme include:**

- Insure easy access for patient travel between Primary Care (level 2 Clinic) and ancillary services (level 1 Hospital)
- Limited expansion-in-place possibilities on I occupancy side.
- Distance and travel path from services (Property Supply, Linen, Housekeeping) on clinic side to main inpatient users on hospital side.
- Provide safe and convenient patient travel up to level 2 (Primary Care) from main entry on grade level.

## Scheme B Organization

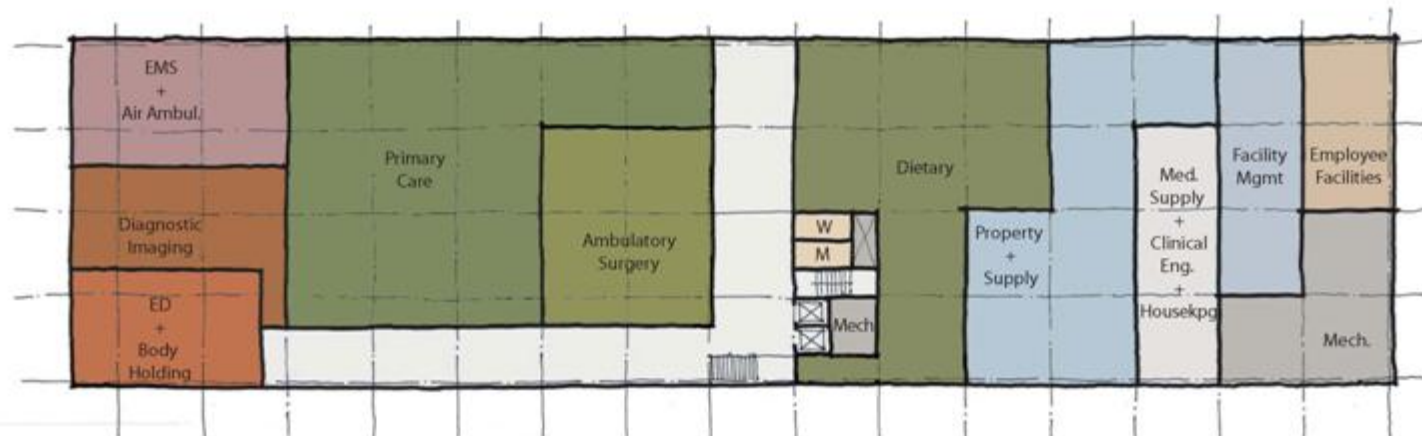


SCHEME - B

# Scheme B Level I



SCHEME B - LEVEL I  
NORTON SOUND REGIONAL HOSPITAL  
09-22-2008



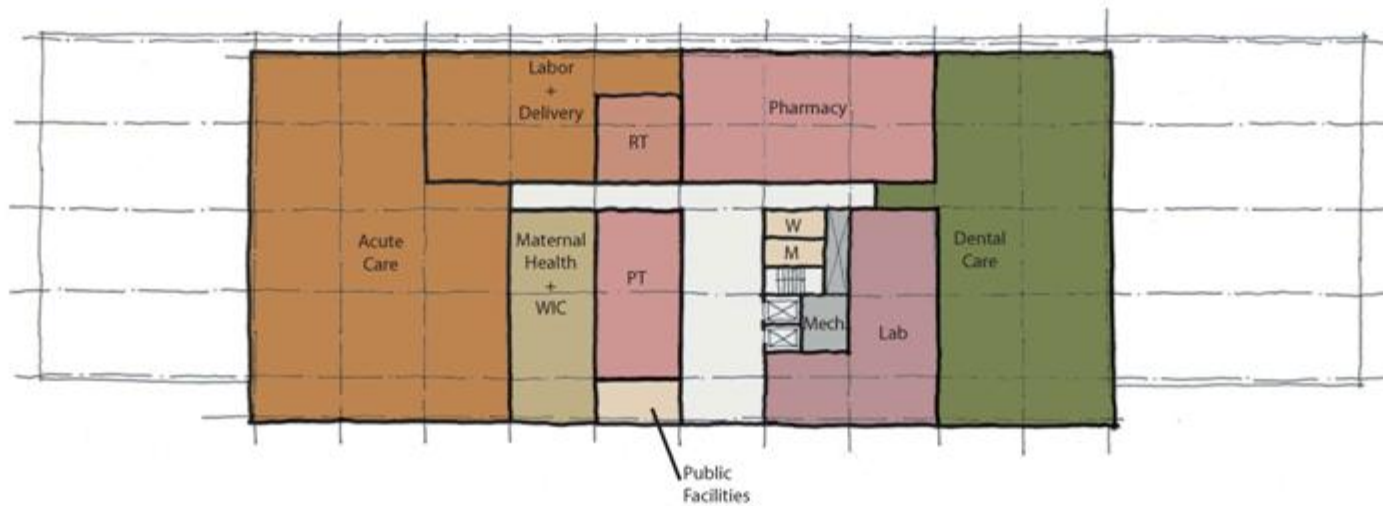
**SCHEME B  
LEVEL I**



# Scheme B Level 2



SCHEME A - LEVEL 1  
NORTON SOUND REGIONAL HOSPITAL  
04-22-2004

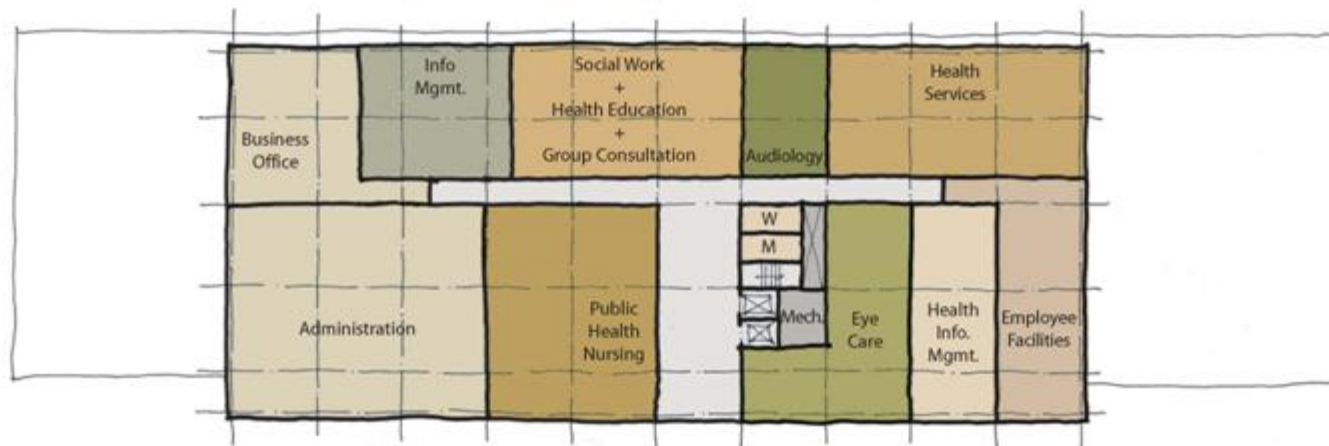


**SCHEME B  
LEVEL 2**

# Scheme B Level 3



SCHEME A - LEVEL 1  
NORTON SOUND REGIONAL HOSPITAL  
09-22-2006



**SCHEME B  
LEVEL 3**

# Scheme B

## **Strengths of this scheme include:**

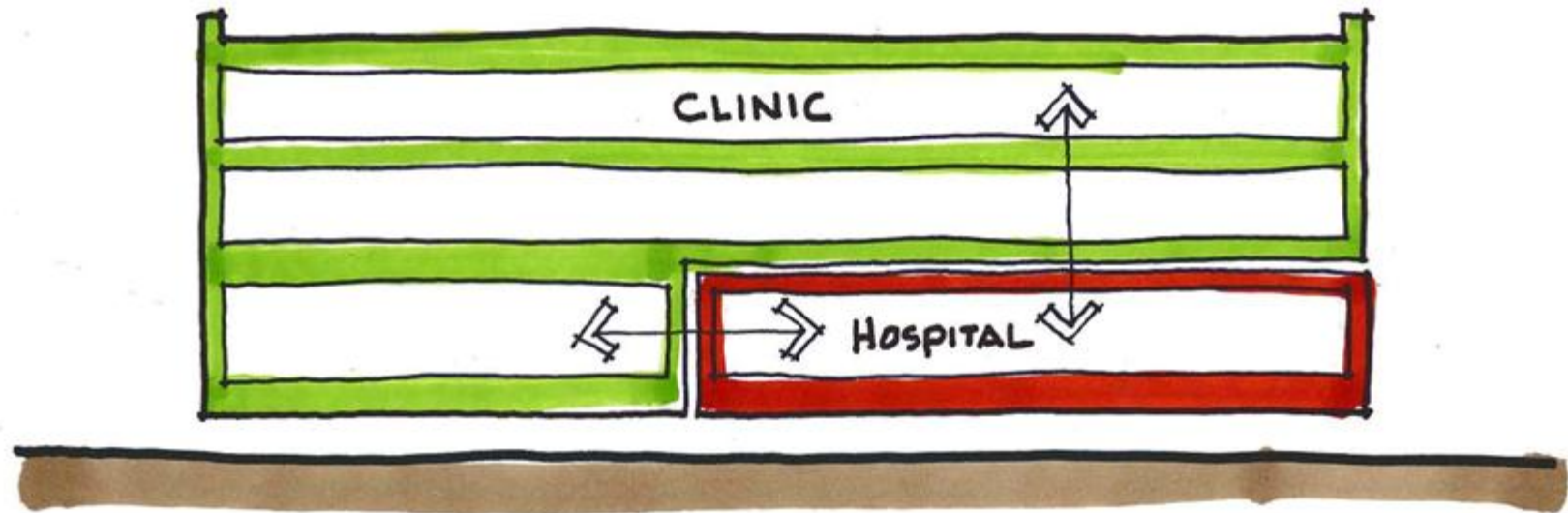
- Primary Care at lowest level to reduce patient travel through building.
- Primary Care and Emergency Department adjacent to facilitate cross-coverage by nursing staff.
- Acute care beds raised up one floor for added privacy, better views to landscape.
- Stacking administrative functions over Acute Care provides flexibility to add beds on level 3 in the future.

## **Issues to resolve in this scheme include:**

- Insure easy access for patient travel between Primary Care (level 2 Clinic) and ancillary services (level 1 Hospital)
- Limited expansion in place possibilities on I occupancy side.
- Distance and travel path from services (Property Supply, Linen, Housekeeping) on clinic side to main inpatient users on hospital side.
- Provide safe and convenient patient travel up to level 2 (Primary Care) from main entry on grade level.
- Does not maximize area located in “clinic” occupancy impacting cost
- Fire separations more complicated than scheme A



# Scheme C Organization



SCHEME - C

# Scheme C Level I



SCHEME A - LEVEL I  
NORTON SOUND REGIONAL HOSPITAL  
04-22-2006



**SCHEME C  
LEVEL I**

# Scheme C Level 2



SCHEME A - LEVEL 1  
NORTON SOUND REGIONAL HOSPITAL  
09-22-2006

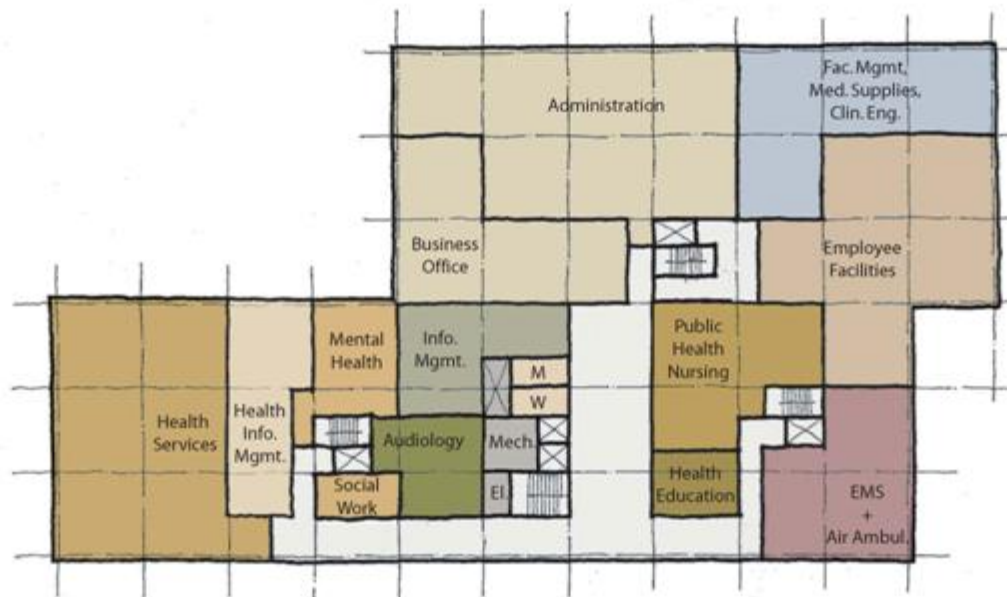


**SCHEME C  
LEVEL 2**

# Scheme C Level 3



SCHEME A - LEVEL 1  
NORTON SOUND REGIONAL HOSPITAL  
09-22-2006



**SCHEME C  
LEVEL 3**



# Scheme C

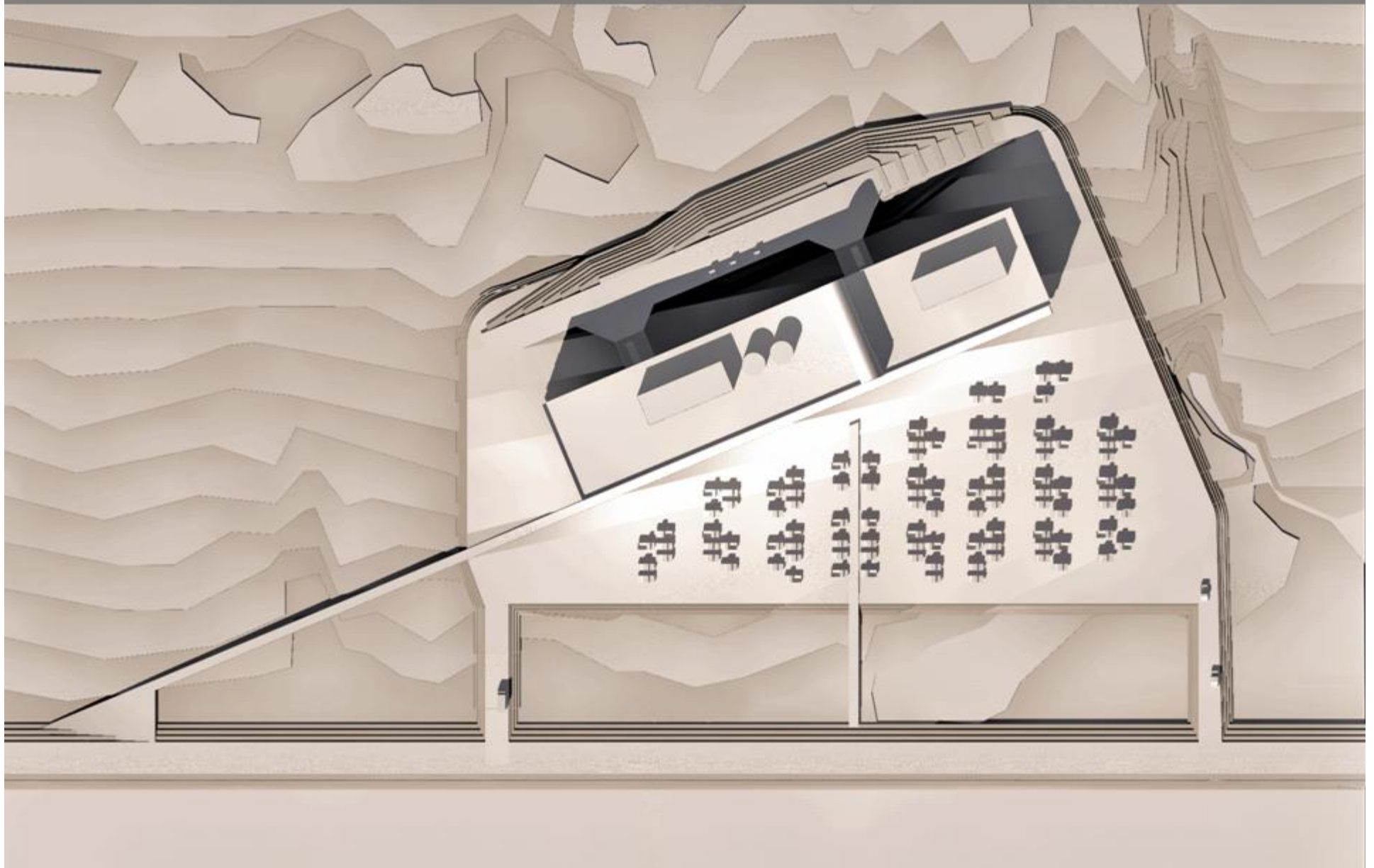
## **Strengths of this scheme include:**

- Acute care and L&D beds located on first level, with easy access from main entry without traveling through the building.
- Direct access (no elevator transfer) between dietary and services and patient beds.
- Most outpatient and ancillary services arrayed around common lobby space on level 2.
- Non-patient, administrative functions located on top floor, away from main patient circulation.
- Compact form is energy efficient to heat

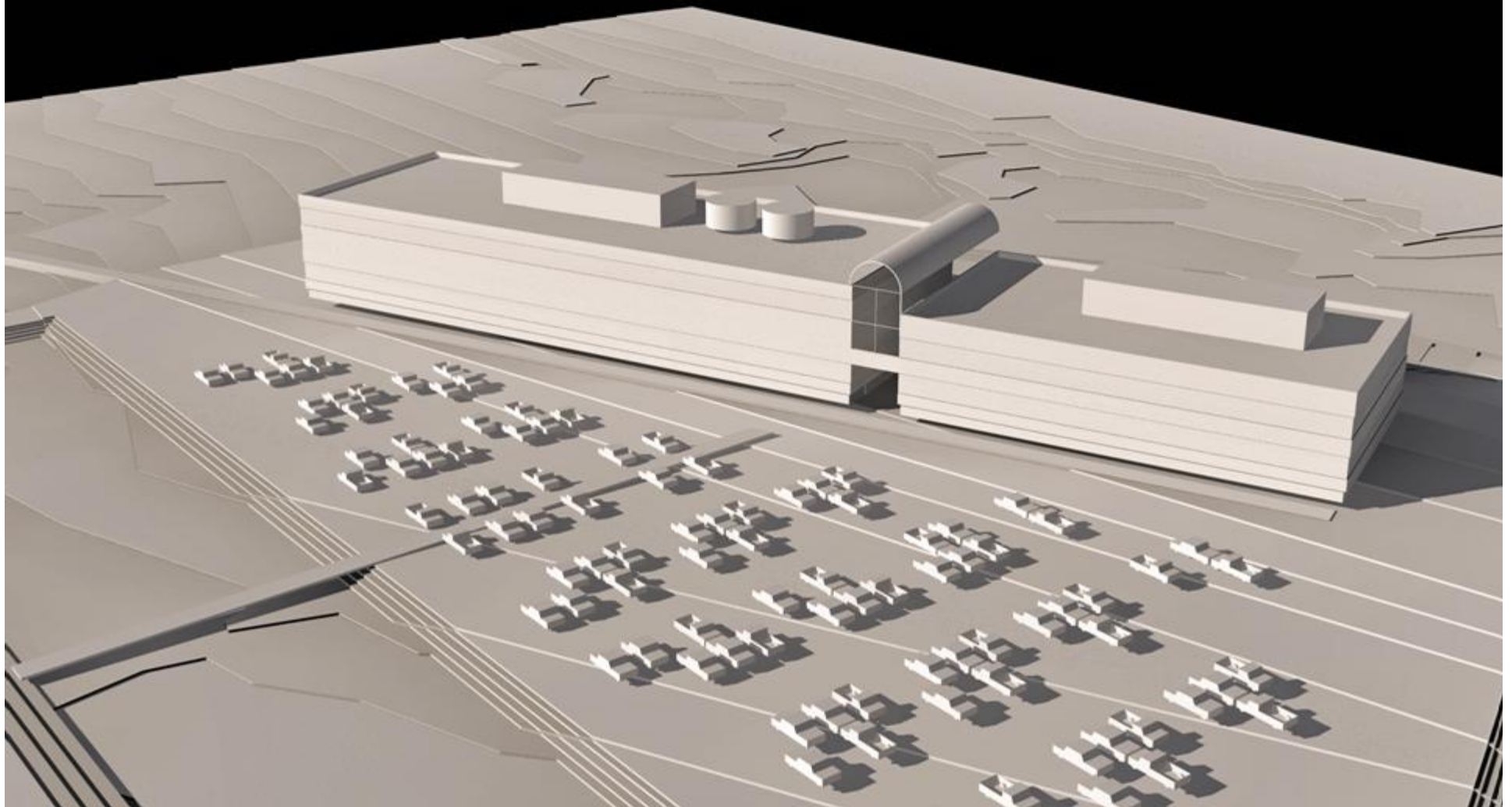
## **Issues to resolve in this scheme include:**

- Provide safe and convenient patient travel up to level 2 (Primary Care) from main entry on grade level.
- ED and Acute Care separated by public circulation.
- Staff areas such as Employee Facilities and Facility Management are not appropriate to be located on level 3.
- Compact form makes scouring under building more difficult
- Does not maximize area located in “clinic” occupancy impacting cost
- Separation of “clinic” from “hospital” not as clear as other schemes

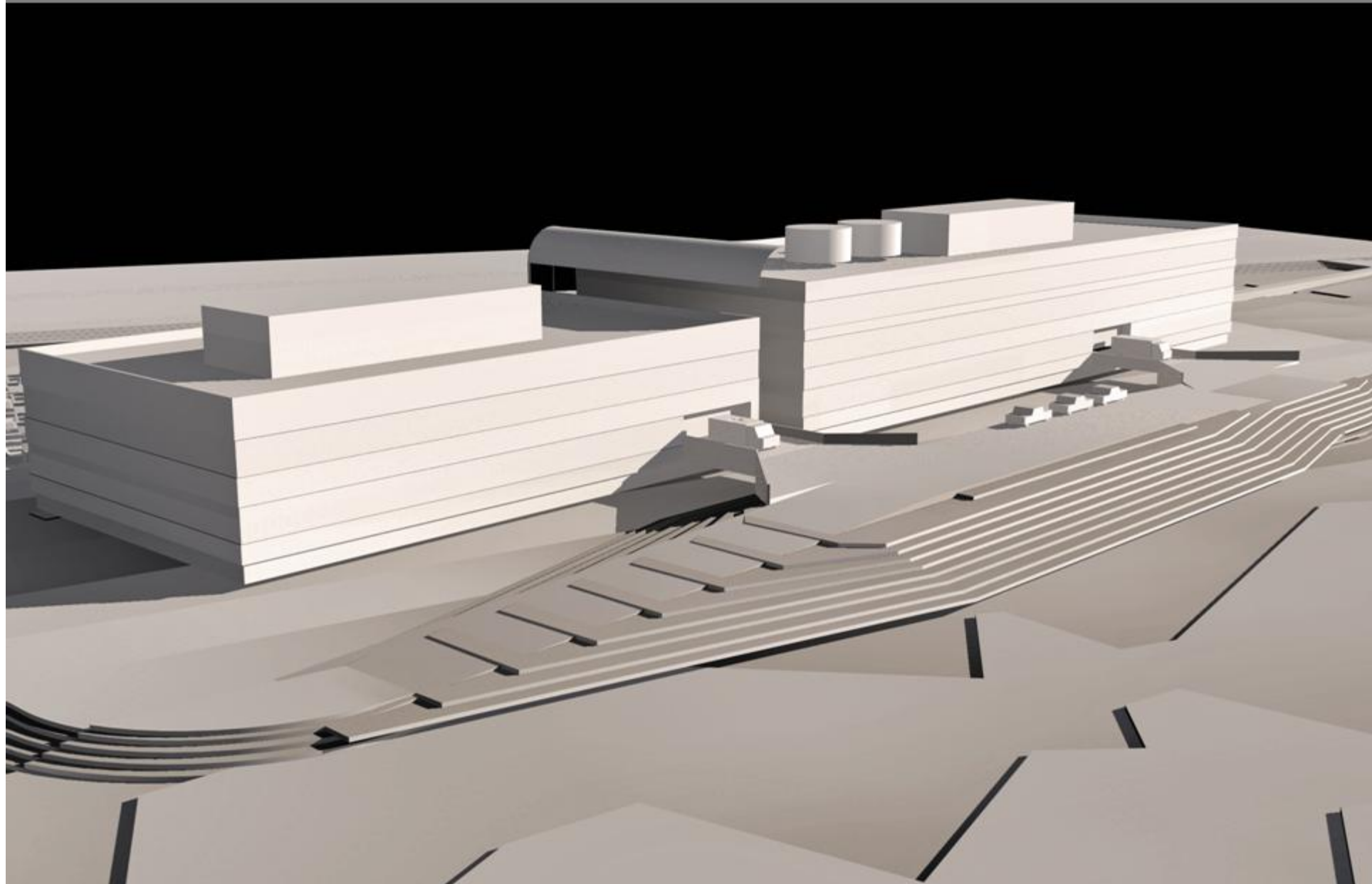
# Site



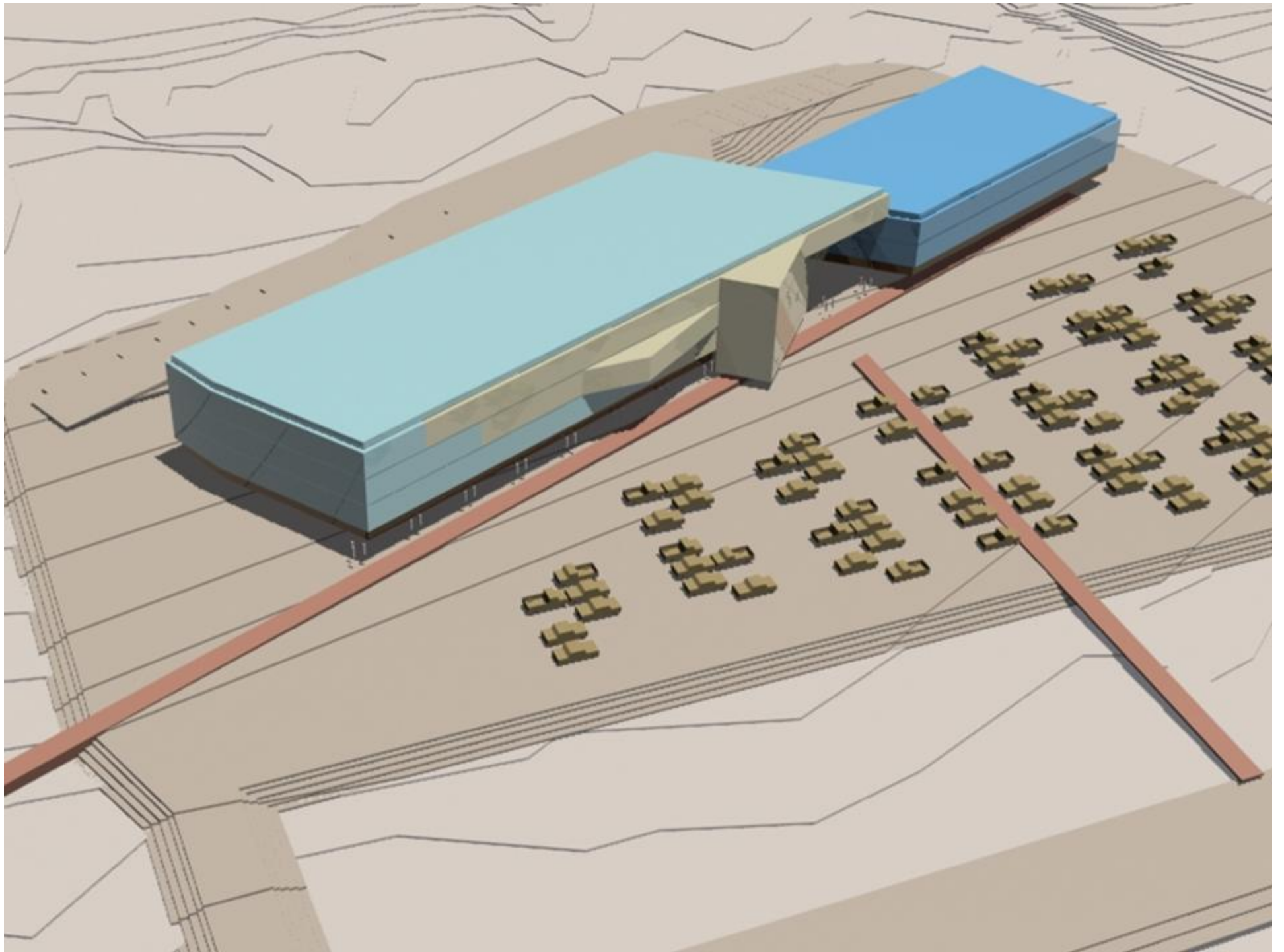
# Front Perspective

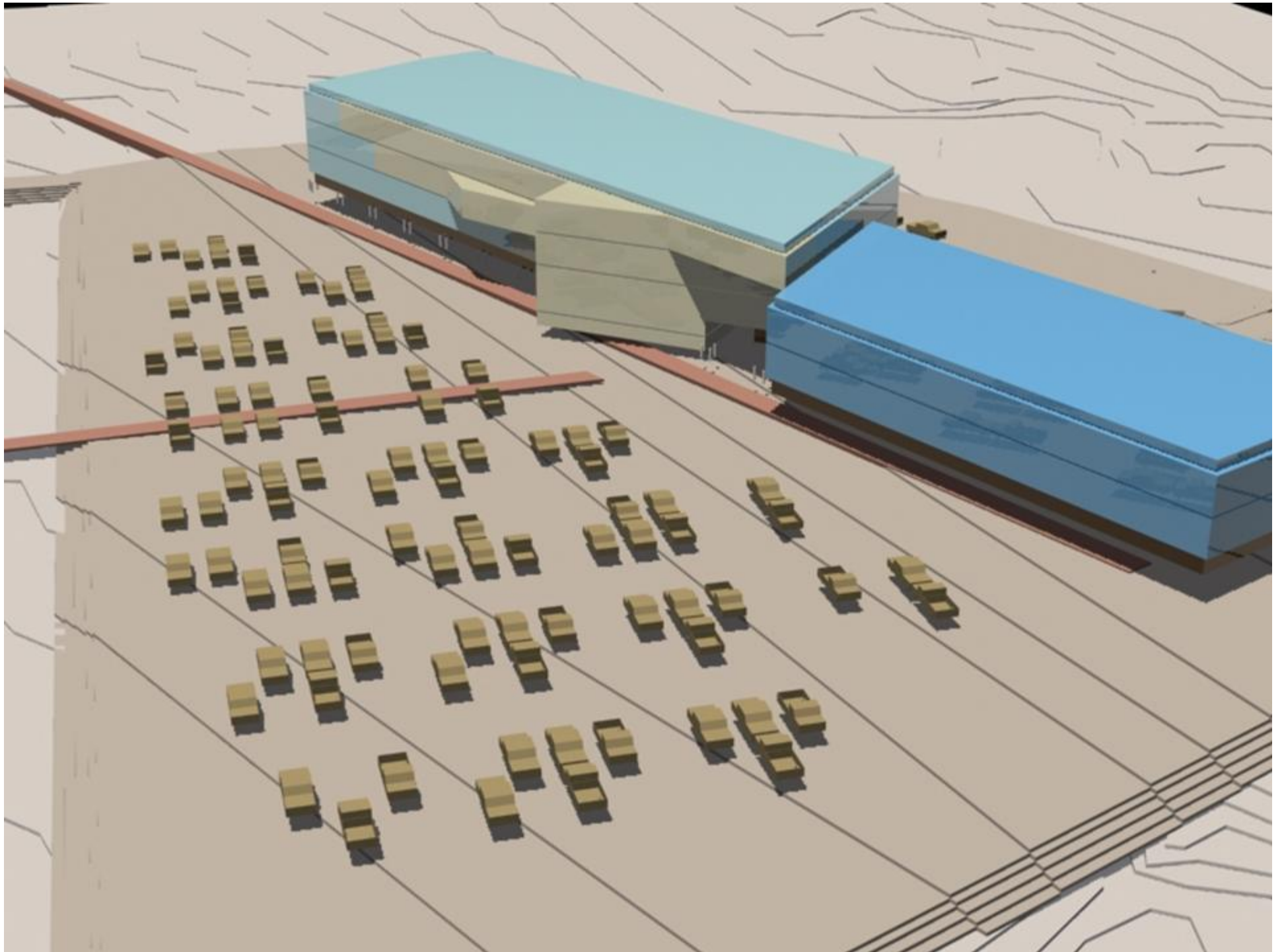


## Rear Perspective

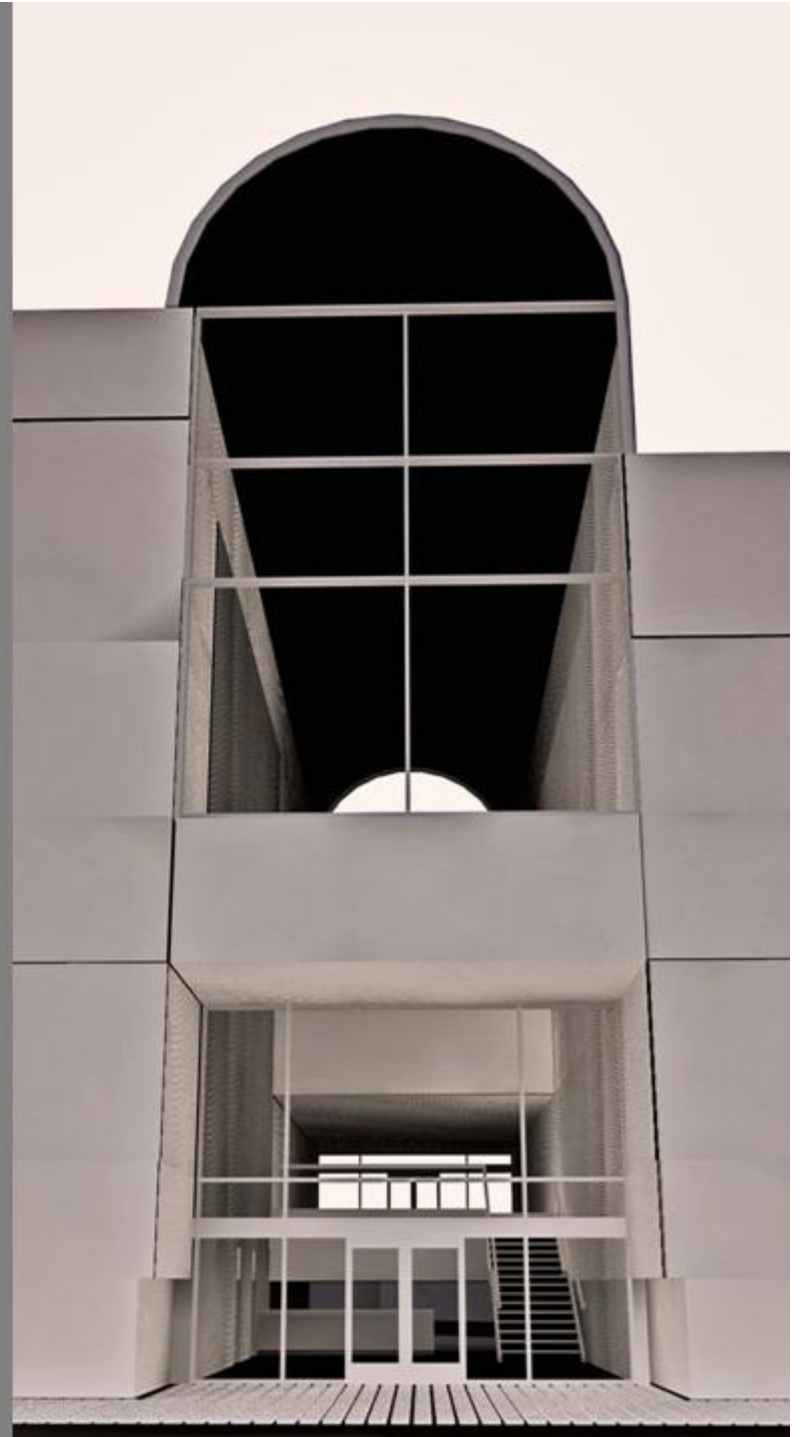








# Entry



# Entry Detail

